

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERIAL NO.	FILING DATE	
								APPLICANT(S)		
CLAIMS										
AS FILED			AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	
1	1									
2		1								
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4	1	1								
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